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APPLICANTS Toshihiro Morohoshi, Kawasaki-shi, JAPAN; Kazuo Konishi, Sagamihara-shi, JAPAN; Masafumi Umeda, Ome-shi, JAPAN; Takato Katagiri, Ome-shi, JAPAN; Kazuhiro Takashima, Tokyo, JAPAN; Tomiyoshi Fukumoto, Kawasaki-shi, JAPAN; Masao Iwasaki, Fuchu-shi, JAPAN; Tsuyoshi Hagiwara, Ome-shi, JAPAN;					
** CONTINUING DATA ***** <i>None</i>					
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>Holensin</i> <i>HS</i> Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 5	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 4
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FILING FEE RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		